

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$529.00 for dates of service, 08/10/01, 08/13/01 & 09/27/01.
- b. The request was received on 08/06/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. Copy of Carrier's check #0027470302, dated 09/05/02
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/29/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/30/02. The response from the insurance carrier was received in the Division on 08/30/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement submitted
2. Respondent: No response statement submitted

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 08/10/01 and 09/27/01. The Requestor's representative faxed a withdrawal for date of service 08/13/01 on 01/10/03.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$481.00 for the remaining services rendered on the dates above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the dates above.
5. A faxed copy of the Carrier's check submission, dated 09/05/02, shows reimbursement in the amount of \$123.30 for "DOS: 08-10-01 thru 09-27-01". This EOB does not itemize payment or offer a denial for the remaining amount in dispute.
6. The amount remaining in dispute is \$481.00 (\$344.00 + \$137.00) for services rendered on the dates of service 08/10/01 & 09/27/01.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/10/01	97750	\$344.00	\$0.00	No denial code	\$43.00//15 mins	TWCC Rule 133.304 (c); MFG; CPT Descriptor	TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." Carrier did not submit a response statement to the request for medical dispute resolution. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Date of service 08/13/01 has been withdrawn by the Requestor's representative. However, to illustrate the calculation of reimbursement recommendation it will be listed on this table. Reimbursement of <b>\$405.70</b> (\$529.00 - \$123.30 carrier payment = \$405.70) is recommended.
08/13/01	99213	\$48.00	\$48.00	No denial code	\$48.00		
09/27/01	99205	\$137.00	\$0.00	No denial code	\$137.00		
<b>Totals</b>		\$529.00	\$48.00				The Requestor is entitled to reimbursement in the amount of <b>\$405.70</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$405.70 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of January 2003.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt